

## **Street Use & Enforcement**

## FIELD INVESTIGATION REPORT (SMC 15.04):

PROJECT ADDRESS:	SDOT PROJECT#:
CROSS STREETS:	DCLU PROJECT #:
LAND USE ZONE: DCLU ZONING PLANS EXAMINER:PROPONENT'S PROJECT TITLE:	
PARTY TO BE BILLED (SELLECT ONE)	ERSON   OWNER
OWNER'S NAME:	PHONE:
FIRM:	FAX:
ADDRESS:	
Requesting permission to use / occupy public place for t	ne purpose of constructing:
TYPE OF CONSTRUCTION:	
☐ WING WALL ☐ ALLEY PAVING ☐ SIDE	ALT DRIVEWAY  NALK REPAIR  CRETE CURB REPAIR  CRETE CURB REPAIR
<b>Documents provided with application</b> : two (2) copies of the p	lan (scaled drawings of plan, including profile)
A set of: □ calculations, □ cross sections, and / or □ c	
Describe why use of the public place is necessary for pro	
□ needed to obtain DCLU / Additional Permits □ □ Other (describe reason on attached letter)	No alternate location on private property
☐ Other (describe reason on attached letter)	No alternate location on private property
Other (describe reason on attached letter)  Possible Start Date:	No alternate location on private property  Duration:
☐ Other (describe reason on attached letter)	No alternate location on private property
Other (describe reason on attached letter)  Possible Start Date: Signature of Applicant  Space below for Official Us	Duration: Date:
Other (describe reason on attached letter)  Possible Start Date: Signature of Applicant  Space below for Official Us  DATE  PENDING APPLICATION	Duration: Date:
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Other (describe reason on attached letter)  Possible Start Date: Signature of Applicant  Space below for Official Us  DATE  PENDING APPLICATION	Duration: Date: GDV #  Permit Text Completed
Other (describe reason on attached letter)  Possible Start Date: Signature of Applicant  Space below for Official Us  DATE PENDING APPLICATION  Results / Comments	Duration: Date: GDV #  Permit Text Completed INDEMNITY AGREEMENT
Other (describe reason on attached letter)  Possible Start Date: Signature of Applicant  Space below for Official Us  DATE PENDING APPLICATION  Results / Comments  Review Cost Ins	Duration: Date:  GOV #  Permit Text Completed INDEMNITY AGREEMENT  pection Deposit \$
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